Approved for use through 1/31/2005 OMB 06510032

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information united & displays a valid OMB control aunt U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Apologist of god « /hnosa Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED MUMBER EXTRA BASIC FEE RATE (1) FEE III (1) CFR 1 16(4) (6) & (4) N/A RATE (1) FEE (1) MA N/A SEARCH FEE 150.00 (37 CFR 1 10(1), (1), or (m)) f I/A 300,00 NA NIA . **EXAMINATION FEE** N/A \$250 (37 CFR 1 16(0), 601, or (91) \$500 NIA NIA TOTAL CLAIMS NUA \$100 N/A \$200 (1) OFR 1 16(1) minus 20 « X\$ 25 MOEPENDENT CLAIMS X\$50 03 (37 OFR 1 16(N)) X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheels of paper, the application size fee due I FEF is \$250 (\$125 for small entity) for each (37 CFR 1 16(6)) additional 50 sheets or traction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1)) +180= 4360a * If the difference in column 1 is fess than zero, enter "0" in column 2. TOTAL JATOT APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Columna)) SMALL ENTITY OR OTHER THAN CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER RATE (5) PREVIOUSLY ADDI-**EXTRA AMENDMENT** RATE (1) ADO: TICKIAL PAID FOR Total MONAL Minus FEE (1) FEE (1) Independent . X\$ 25 X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST FRESENTATION OF MULTIFLE DEPENDENT CLAIM GT CFR 1.160) +180= 4360= OB TOTAL TOTAL ADD'L FE ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST \mathbf{p} REMAINING NUMBER PRESENT AFTER בֿב RATE (3) ADOI-PREVIOUSLY RATE (S) **EXTRA** AMENDMENT ADO: PAID FOR TICHAL Total TIONAL Minus FEE (3) FEE (3) X\$ 25 Independent OT CFR 1.10/hiji Minus X\$50 OR X100 Application Star Fee (37 CFR 1.16(c)) X200. OR PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1,16())

If the Trighest Number Proviously Paid For IN THIS SPACE Is loss than 20, order 20. If the Highest Humber Previously Pald For III THIS SPACE is less than 3, enter 3.

The Highest Number Proviously Pald For (Total or Independent) is the highest number found in the appropriate box in column 1.

collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a boards by the public which is to the land by the 10 to process) enterphization. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This cosection is estimated to take 12 minutes to complete. this gathering, preparing, and authoriting the completed explantion form to the USPTO. Time will very depending upon the individual case. Any comments s amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent redemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, VA 22313-1450, DO NOT SEND FEES CR COMPLETED FORMS TO THIS tess, SENO TO: Commissioner for Palents, P.O. Box 1460, Alexandria, VA 22313-1450.

+180=

TOTAL

ADDI FEE

+360=

ADD'L FEE

TOTAL

OR

OR

[•] If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.